

Missouri Division of Medical Services

www.dss.state.mo.us/dms

Therapy, Rehabilitation Center, Optical, and Audiology Bulletin

MC+ MANAGED CARE HEALTH PLANS

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THERAPY AND REHABILITATION CENTER REFERRAL/ PRESCRIPTION

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REMINDER

Provider Communications

(800) 392-0938

or

(573) 751-2896

MC+ MANAGED CARE HEALTH PLANS

MC+ managed care health plans provide therapy, rehabilitation, optical, and audiology services to their enrollees. Coverage of therapy, rehabilitation, optical, and audiology services under MC+ managed care is the same as for fee-for-service. Billing requirements outlined in this bulletin apply to services provided to MC+ and Medicaid recipients who receive their services on a fee-for-service basis. Check with the MC+ managed care health plans for their billing requirements.

THERAPY AND REHABILITATION CENTER SERVICES

Effective for dates of service on or after March 1, 2003, The Division of Medical Services (DMS) has revised the maximum allowed amount for therapy services by an independently enrolled therapist, or when furnished in a rehabilitation center.

The following procedure codes may be billed with a WQ or YG modifier.

All services related to a child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) must be billed with a WQ modifier.

All services for a child, not related to an IEP/IFSP, must be billed with a YG modifier.

Procedure Code	Maximum Allowed
92506(<i>Speech Eval</i>)	\$10.00
92507(<i>Speech Treat</i>)	\$10.00
92508(<i>Speech Group</i>)	\$ 3.00
97750(<i>Phys Ther Eval</i>)	\$10.00
97110(<i>Phys Ther Treat</i>)	\$10.00
97703(<i>Occ Ther Eval</i>)	\$10.00
97535(<i>Occ Ther Treat</i>)	\$10.00

THERAPY AND REHABILITATION CENTER REFERRAL/ PRESCRIPTION

Effective for dates of services on or after March 1, 2003, physical and occupational therapy must be prescribed by a Medicaid enrolled primary care physician; and speech therapy must be referred by a Medicaid enrolled primary care physician. The Medicaid primary care physician provider number must be included on the referral or prescription.

TYPE OF SERVICE

The type of service billed with the above procedure codes is: 'M' for Therapist, 'K' for Rehabilitation Center.

EYE EXAM SERVICES

Effective for dates of service on or after March 1, 2003, DMS has revised the maximum allowed amount for the following eye exam procedure codes.

Procedure Code	Maximum Allowed
Y4000(<i>Complete</i>)	\$43.00
Y4001(<i>Limited</i>)	\$20.00

AUDIOLOGY TESTING PROCEDURE CODES

If a Medicaid recipient has both Medicaid and Medicare Part "B" coverage, a claim for audiology testing procedure codes *must* be filed with Medicare first.

All audiologist providers must have their Medicare Part "B" provider number on their Medicaid provider file. If the provider's Medicare Part "B" provider number is not on file with DMS, Medicaid providers may contact the Provider Enrollment Unit at (573) 751-2617. If the audiologist's Medicare Part "B" provider number is on file with DMS and the claim for audiology testing is correctly filed with Medicare, the Medicare carrier will forward the claim information regarding the unpaid deductible and coinsurance amounts to Medicaid for payment. If a claim for the Medicare

unpaid deductible and coinsurance needs to be filed for payment by Medicaid, refer to Section 16, Medicare/Medicaid Crossover Claims General, in the provider manuals on the Internet at : www.dss.state.mo.us/dms.

REMINDER

Providers must accept the Medicaid payment as payment in full. Providers may not bill or accept additional payment from the recipient (13 Code of State Regulations 70-4.030).